

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 18050/0207970-USO	
Application Number 10/578,125-Conf. #4990		Filed May 2, 2006	
For HYBRID OPTICAL DATA CARRIER HAVING A MODIFIED CD LAYER			
Art Unit 2627		Examiner B. C. Bernardi	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$130	\$65 \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$490	\$245 \$ _____
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1110	\$555 \$ 555.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1730	\$865 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$ _____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 35,667	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
_____/Robert J. Sacco/_____ Signature		_____/April 28, 2009_____ Date	
_____/Robert J. Sacco_____ Typed or printed name		_____/ (212) 527-7700_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		